

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>OW</i>	<i>32</i>	<i>2/10</i>
FORMALITY REVIEW	<i>8</i>	<i>TC 886</i>	<i>03-16-01</i>
RESPONSE FORMALITY REVIEW	<i>L.T.</i>	<i>1106</i>	<i>10/26/01</i>

### INDEX OF CLAIMS

Rejected N  
 Allowed I  
 (Through numeral) Canceled A  
 Restricted O  
 Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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